

(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

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NEW HAMPSHIRE PARTMENT OF STATE

| PLEASE PR | RINT Silva, Cordell A. Johnston, B | arbara T. Reid, Tim | DEPARTMENT OF othy W. Fortier |
|--|---|-----------------------------|-------------------------------|
| 1. Ivalite of Ecopyist(s) | | | |
| II. Name of lobbyist's partnershi | • | | |
| New Hampshire Mun | | | <u> </u> |
| | nip, firm or corporation) | A 11 1 | |
| 25 Triangle Park Drive | Concord | NH | 03301 |
| Business Address: (Street) | (Town/City) | (State) | (Zip Code) |
| () 603.224.7447 | () | e-mail | affairs@nhmunicipal.org |
| (Telephone) | (Fax) | | |
| reportable expense transactions v | se one – file separate reports for on which are not attributable to any | one client). | |
| | urring in the months prior to the rep | orting date relative to the | e tollowing chent: |
| New Hampshire Mun | | | |
| OR (Full Name | of Client as it appears on the Lobbyist F | Registration Form) | |
| | e lobbyist (including the lobbyist's | family), or the lobbying | firm listed below which are |
| IV. Date of Report April 25, 2 | 2018 🛣 | July 25, 2018 | |
| Reports cover: activity from date of | of registration to 3/31/18 activ | ity from 4/1/18 to 6/30/18 | |
| | 1,2018 🗆 | January 30, 2019 🗌 | |
| activity from | 7/1/18 to 9/30/18 acti | vity from 10/1/18 to 12/31/ | 18 |
| | ceived and no reportable trans this form and submit it to the Secre | | |
| VI. Check if additional reports as | re attached: | | |
| _ | de expenditures, you must file Ado | lendum A – Fees and Ex | penses |
| ☐ If you have paid an honorarium Expense Reimbursement | or reimbursed expenses, you must | file Addendum B- Rep | ort of Honorariums or |
| ☐ If you, your firm, or your famil | y has made political contributions, | you must file Addendur | n C- Political Contributions |
| Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, RS and complete to the best of my kno (Signature of lobbyist) | A 14-C and RSA 664 and hereby s | wear or affirm that the fo | 118 |
| lands A diland | | (24.0 | ′ |

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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NEW HAMPSHIRE DEPARTMENT OF STATE

| I. Name of Lobbyist(s) Judy A. Silva, Cordell A. Johnston, Barbara | T. Reid, Timothy W. Fortier |
|---|---|
| II. Name of lobbyist's partnership, firm or corporation, if any: | |
| New Hampshire Municipal Association | |
| (Name of partnership, firm or corporation) | |
| III. Name of Client New Hampshire Municipal Association | on _{Date} August 27, 2018 |
| | |
| IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses: | relations, or public relations services oss fee amount reported shall not be |
| a) Total of all fees received in this reporting period | a) \$ 42,797.11 |
| b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year) | b) \$ 0.0 ear) |
| c) Total of all fees received to date (Add lines a and b) | c) \$ 42,797.11 |
| d) Indicate the amount of any such fees that are due, but have not yet been paid | d) \$ 0.0 |
| V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for exampl lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported. | client and if expenditures are made by may be filed for the lobbyist(s)/firm. aggregate total of all expenses paid expenses; (b) the aggregate total of all e: meals purchased during a business as than \$10 that is given to the person d with a value of \$25.00 or less); and enting period of greater than \$25.00 for the of greater than \$25, purchase of a for than \$25, but not greater than \$50, expense reimbursement, or political |
| a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. | a) \$ 42,797.11 |
| b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less. | b) \$ 0.0 |
| c) Total of all itemized expenditures reported in detail in section VI. | c) § 0.0 |

| d) Total expenses for this reporting period (Add lines a, b and c) | d) \$ 42,797.11 |
|---|------------------------------------|
| e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) f) Total of all expenses year to date | e) \$ 0.0 f) \$ 42,797.11 |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged. | obbying fees during this reporting |
| Paid to: | Amount: |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | |
| Sworn Statement/Affirmation by Lobbyist | |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief. | n that the foregoing information |
| Judy Worth | August 27, 2018 |
| (Signature of lobbyist) | (Date) |
| Judy A. Sílva | |
| (Print Name of lobbyist) | |

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

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Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

| ame of Lobbying partnership, firm, or corporation: Cordell A. Johnston | | | | |
|---|---|--|--|--|
| | t is for the partnership, firm, or corporation and not related to any | | | |
| Date of Report (check one): | | | | |
| April 25, 2018 July 25, 2018 | □ October 31, 2018 □ January 30, 2019 □ | | | |
| | 64, the Statement of Income and Expenses described above, and the that Statement (insert the number of Addendum forms being | | | |
| Addendum A(s). | | | | |
| Addendum B(s). | | | | |
| Addendum C(s). | | | | |
| I hereby swear or affirm that the foregoing complete to the best of my knowledge an | ng information on the Statement and each Addendum is true and d belief. | | | |
| Quelell q. I-lux | August 27, 2018 | | | |
| (Signature of lobbyist) | (Date) | | | |
| Cordell A. Johnston | | | | |
| (Print Name of Johnvist) | | | | |

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

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Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

| Name of Lobbying partnership, firm, or corpor | ation: Timothy W | . Fortier |
|---|---------------------------|------------------------------------|
| Name of Client (leave blank if Statement is for particular client): | the partnership, firm, or | corporation and not related to any |
| Date of Report (check one): | | |
| April 25, 2018 🗆 July 25, 2018 🖶 | October 31, 2018 □ | January 30, 2019 🗆 |
| I have read RSA 15, RSA 15-B, RSA 664, the the following Addendums submitted with that submitted): X Addendum A(s). Addendum B(s). | | |
| Addendum C(s). | | |
| I hereby swear or affirm that the foregoing info complete to the best of my knowledge and belie | | nt and each Addendum is true and |
| (Signature of lobbyist) | Au | gust 27, 2018 (Date) |
| Timothy W. Fortier | | |
| (Print Name of lobbyist) | | |

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

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SEP 0 4 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

| Name of Lobbying partnership, firm, or corporation: I IMOTHY VV. FORIER | | | | |
|---|--|--------------------|--|--|
| | | | corporation and not related to an | |
| particular client): | | | | |
| Date of Report (check | one): | | | |
| April 25, 2018 | July 25, 2018 □ | October 31, 2018 🗆 | January 30, 2019 □ | |
| | ums submitted with th | | nd Expenses described above, an umber of Addendum forms bein | |
| Addendum B(| | | | |
| Addendum C(| | | | |
| • | m that the foregoing in my knowledge and be | | nt and each Addendum is true an | |
| augh (| | Au | gust 27, 2018 | |
| (Signature of lobbyist) | | | (Date) | |
| Timothy W. F | ortier | | | |
| (Print Name of lobbyis | st) | | | |